



Bib Data Sheet


**UNITED STATES DEPARTMENT OF COMMERCE**  
**Patent and Trademark Office**

 Address: COMMISSIONER OF PATENTS AND TRADEMARKS  
 Washington, D.C. 20231

<b>SERIAL NUMBER</b> 09/438,676	<b>FILING DATE</b> 11/12/1999 <b>RULE</b> _	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> 12460.1USC4
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**APPLICANTS**  
 EDWARD L. BLACH, ROSWELL, NM ;  
 JAMES R. CHIAPETTA, EAGAN, MN ;

**\*\* CONTINUING DATA \*\*\*\*\***  
 THIS APPLICATION IS A CON OF 09/018,603 02/04/1998 PAT 6,033,422  
 WHICH IS A CIP OF 08/843,741 04/21/1997 PAT 5,913,873

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
 \*\* 12/07/1999

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> NM	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 24	<b>INDEPENDENT CLAIMS</b> 3
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Verified and Acknowledged  
 Examiner's Signature \_\_\_\_\_ Initials \_\_\_\_\_

**ADDRESS**  
 —  
 MERCHANT & GOULD P.C.  
 P.O. BOX 2903  
 MINNEAPOLIS ,MN 55402-0903

**TITLE**  
 NASAL SUPPORT DEVICE FOR DOMESTIC MAMMALS AND METHOD

<b>FILING FEE RECEIVED</b> 416	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit

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APPLICANT	EDWARD L. BLACH, ROSWELL, NM; JAMES R. CHIAPETTA, EGAN, MN.				
	**CONTINUING DOMESTIC DATA***** VERIFIED THIS APPLN IS A CON OF 09/018,603 02/04/98 WHICH IS A CIP OF 08/843,741 04/21/97 PAT 5,913,873				
	**371 (NAT'L STAGE) DATA***** VERIFIED				
	**FOREIGN APPLICATIONS***** VERIFIED				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 12/07/99 ** SMALL ENTITY **					
Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no Verified and Acknowledged <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY NM	SHEETS DRAWING 9	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 3
Examiner's Initials _____		Initials _____			
ADDRESS	MERCHANT & GOULD PC ATTENTION JAMES R CHIAPETTA 3100 NORWEST CENTER 90 SOUTH SEVENTH STREET MINNEAPOLIS MN 55402				
	NASAL SUPPORT DEVICE FOR DOMESTIC MAMMALS AND METHOD				
TITLE					
FILING FEE RECEIVED  \$416	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		